# ISLANDS DISTRICT COUNCIL Paper IDC28/2013

### PROGRESS REPORT ON NORTH LANTAU HOSPITAL PHASE 1

## **Purpose**

This paper informs the Islands District Council the updated development of North Lantau Hospital Phase 1 (NLTH).

## Background

2. In January 2010, the Legislative Council Finance Committee approved a commitment of \$2,482.0 million in money-of-the-day prices for the construction of North Lantau Hospital Phase I (NLTH). The project was successfully completed in December 2012 and the building was handed over to the Hospital Authority (HA) in early 2013. On-site commissioning will take six to nine months before it starts to commence services in phases in September 2013.

#### Scope of service

3. NLTH shall cover Accident & Emergency, acute and extended care in-patient, specialist out-patient, as well as primary and day care services. It will be a community hospital which is a neighborhood health care facility providing accident and emergency care and non-complex secondary inpatient care including step-down extended care for the local community. Together with the associated clinics and day care facilities, it will provide extended primary care and ambulatory secondary care in major specialties such as medicine, surgery, orthopaedics, gynaecology, paediatrics & adolescents. The full scope of service is provided in Annex.

### Challenges

#### Support for service provision

4. NLTH shall be supported by the Kowloon West Cluster (KWC), in particular Princess Margaret Hospital (PMH), to assure a good referral system under which patients will receive care in appropriate settings. Its location in Tung Chung far from the Princess Margaret Hospital in Kwai Chung adds to the challenges of effective clustering and staff support from sister KWC hospitals, patient transfer and other logistical issues. Nonetheless, HA will arrange the best possible coordination to provide a quality service to the

community.

## Supply of healthcare personnel

- 5. HA is encountering the problem of manpower shortage in recent years. For instance, there has been a significant reduction in local medical graduates in the past few years, dropping from 310 a year in 2007 to 280 in 2010 and further to 250 in 2011. Manpower shortage in HA is further exacerbated by the competing demands for experienced doctors in the private healthcare sector. Doctor's attrition rate in 2011-12 was 4.8% and the demand for doctor manpower will continue to exceed supply in the coming few years.
- 6. HA has already implemented measures to reduce doctor wastage and to retain talents. The wastage rate has shown signs of declining. That said, for 2012, the shortfall of doctor in HA is around 250 and the shortfall is expected to continue in the coming years due to increasing demand from an aging population. The situation is expected to improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.
- 7. As for nurses, the overall nursing manpower within HA has also been under pressure in the past few years, largely because of the overall increase in demand for manpower due to the increased service needs in both public and private sectors. Attrition rate of nurses in HA in 2011-12 was 5.3%. Depletion of expertise due to turnover of experienced staff is also an area of concern. For 2012, the shortfall of nurses in HA is around 850. Although the supply of nurses gradually improves, the shortfall is expected to continue till 2014.
- 8. When in full operation, NLTH will require around 650 staff, with over 60 doctors and 170 nurses.
- 9. All channels currently pursued by HA will be considered to proactively recruit the required manpower for delivering the planned services in NTLH. These include part-time employment, special honorarium scheme, and overseas recruitment. Nevertheless the manpower problem is envisaged to remain in the near future.

#### Highlights of services in 2013/14

10. It is proposed that NLTH shall commence service in September 2013 tying

in with the graduating season and supply of healthcare personnel.

#### Accident & Emergency Department

11. Given that it is a priority request from the community, Accident and Emergency Service shall be in place once the hospital commences services. After a 'run in' period of 8-hour day-time service in the beginning to assure quality of service, it shall run a 16-hour service by January 2014. It is expected 24-hour service can be provided in the third quarter of 2014.

#### Specialist Outpatient Clinic

12. Sessions in Medicine and Psychiatry shall be in place to handle referral from major sources like the Accident & Emergency Department and the Tung Chung GOPC and to meet with community needs.

## Relocation of Tung Chung General Outpatient Department

13. To facilitate flexible manpower deployment and strengthen cross-specialty collaboration, and to address the community demand for possible future service expansion, the Tung Chung GOPC in Tung Chung Health Centre will be relocated to NLTH upon its commissioning. It is proposed that the space left over in Tung Chung Health Centre will be developed into a Chinese Medicine Clinic.

#### Community outreach service

14. Community nursing service, community geriatric outreach and community psychiatry outreach service shall be in place starting from September 2013.

#### Diagnostic and treatment facilities

15. Appropriate facilities such as emergency laboratory, A&E radiology suite and computed tomography scanner shall be in place to support the clinical services.

#### Allied health services

16. Physiotherapy and occupational therapy services shall be in place to support follow up care of patients referred from Accident & Emergency Department and the Tung Chung GOPC.

## Service development beyond 2013/14

- 17. The Hospital Authority shall commission the remainder services in the coming years subject to available resources and manpower.
- 18. After NLTH has been in full operation, the government will start planning for the development of Phase II considering the service condition of Phase I and the health care need of the local community.

## **Advice Sought**

19. Members are invited to note the content of this paper.

Food and Health Bureau Hospital Authority April 2013